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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

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Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

O B					
1. File Number U - 7072	2. Fisc	cal Year Covered From:			
the contract of the contract o		1 / 1 / 2	004 Through:	12 / 31	2004
3. Name and address of person filing.	4. Na	me, file number, and add	dress of labor organ	ization.	
Name John M Hamilton	Nan	ne Operating Eng	jineers' Loca	1 324	
	Lab	or Organization File Nun	mber 019-088	BOARMOOF B	
P.O. Box, Bldg., Room No., if any	P.O	. Box, Building and Roo	m Number, if any		
Street 37450 Schoolcraft, Suite 110	Stre	et 37450 Schoólc	eraft, Suite	110	
City Livonia	City	Livonia			
State Michigan ZIP Code + 4	48150-1082 Stat	e Michigan		ZIP Code + 4	48150-1082
5. Position in labor organization. Business Manager		nonhallisped (Mg Septem Agger and aggregation as Society Association (Cost Aggregation Society Costant Association)	CON LANG (A SCIENCE) CONTACT CONTACT CONTACT SCIENCE S	والما فالمكارية المطالحة المراجعة ومعاملة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	
A. Held an interest in, engaged in transactions (includi	ng lound) with, or delived	income or other econ	omic benefit of		
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name Trade Name, if any:	s your organization rep	Income or other econ resents or is actively sature of Interest, Transa	seeking to represe	ent.	
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name	any). 7.a. N	resents or is actively s	seeking to represe	ent.	
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name Trade Name, if any:	any). 7.a. N	resents or is actively s	seeking to represe	ent.	
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	any). 7.a. N	resents or is actively s	seeking to represe	ent.	
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	any). 7.a. N	resents or is actively s	seeking to represe	ent.	
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	any). 7.a. N	resents or is actively s	seeking to represe		
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	s your organization representation. 7.a. No. A. Signature. Signature. s, under penalty of Perjury. d in any accompanying documents.	mount. and other applicable per uments), has been example.	nalties of the law, thinged by the signator	at all of the inf	formation e best of the
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declare submitted in this report (including the information containe)	s your organization representation. 7.a. No. A. Signature. Signature. s, under penalty of Perjury. d in any accompanying documents.	mount. and other applicable per uments), has been example.	nalties of the law, thinged by the signator	at all of the inf	formation e best of the
monetary value from an employer whose employees 6. Name and address of Employer (including trade name, if a Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	any). 7.a. N 7.b. A	resents or is actively s	seeking to represe	ent.	

Name of Person Filing John Hamilton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activated (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Mesirow Financial Services, Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 24600 Northwestern Highway City Southfield State Michigan ZIP Code + 4 48075	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Operating Engineers' Local 324 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Provided money manager services for the pension funds
Street 350 North Clark Street City Chicago	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received.
State Illinois ZIP Code + 4 60610	Provided tickets to the Rod Stewart concert
	12.b. Amount. \$207
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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1. File Number **U** - 9072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Nam	e and address of person fil	ing.	4. Name	e, file number, and ad	dress of labor orga	anization.	
Name	John	M Hamilton	Name	Operating En	gineers' Loc	al 324	
			Labor	Organization File Nu	mber 019-088	3 3	
P.O. B	ox, Bldg., Room No., if any		P.O. E	Box, Building and Roc	om Number, if any		
Street	37450 Schoolcraf	t, Suite 110	Street	37450 School	craft, Suite	110	
City	Livonia		City	Livonia			
State	Michigan	ZIP Code + 4 48150-1082	State	Michigan		ZIP Code + 4	48150-1082
5. Positi	on in labor organization.	Business Manager					444/7475394453544504654055300000000000000000000000
Ent	er appropriate data below If	, during the past fiscal year, you or your spo (except as specified in the exclu				the following in	nterests
A. Helo moneta	an interest in, engaged ry value from an emplo	in transactions (including loans) with, or o yer whose employees your organization	derived in on repres	come or other ecor sents or is actively	nomic benefit of seeking to repres	sent.	
6. Name	and address of Employer	(including trade name, if any).	7.a. Nati	ure of Interest, Transa	action, or Income.		
Name			ewinosida (sindan can				Valescont all antiferred control
Trade	Name, if any:		WMEE/ATVEL-ATVALANTION (AA)				COLLEGIZATIVE
P.O. B	ox, Bldg., Room No., if any						
Ctt	proceduration and account and account and account and account and account account account and account		7.b. Amo	ount.			
Street							
City							
State		ZIP Code +4					
		Signa					
subm under	ited in this report (including signed's knowledge and be	The undersigned declares, under penalty of fithe information contained in any accompanyi dief, true, correct, and complete. (See the sec	ing docum ction on pe	ents), has been examenalties in the instruct	nined by the signate ions.)	ory and is, to the	ormation e best of the
Sign	ed To	. I amus	- On <u>[</u>	7/06/2005 Date	734-462366	0 elephone Numbe	
				Date	16	siepriorie Numbi	3I
Form LM	30 (2903)						Page 1 of 2

Name of Person Filing John Hamilton	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Mesirow Financial Services, Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 24600 Northwestern Highway City Southfield State Michigan ZIP Code + 4 48075	9. Business deals with: a. Labor Organization b. Trust c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	en er production en
Name Operating Engineers' Local 324 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	Provided money manager services fo funds	r the pension
Street 350 North Clark Street	11.b. Approximate dollar value of such dealing.	\$0
City Chicago	12.a. Nature of interest held or income received.	
State Illinois ZIP Code + 4 60610	Provided 2 tickets to the Detroit playoffs. June 2004.	Pistons basketball
	12.b. Amount.	\$410
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	. volikil-vahri lähi kirik kontaksi kirik
Name Trade Name, if any:		
DO Pay Pldg Poom No. Form	Total Control	OCCUPANT AND THE STATE OF THE S
P.O. Box, Bldg., Room No., if any		**************************************
Street	Target records	ооллинее
City	and the state of t	THE PROPERTY OF THE PROPERTY O
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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	For Official Use Only
	AUG 1 5 2005
Ε	PAS DROY

1. File Number **U** - 9072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	Transformation Assessment Section 1997		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code +4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization. Business Manager			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	isions set forth in the instructions):		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	1.00		
City			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing John Hamilton	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Munder Capital Management, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 480 Pierce St., Suite 300 City Birmingham, State Michigan ZIP Code + 4 48012	9. Business deals with: a. Labor Organization b. Trust c. Employer	-
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Operating Engineers' Local 324 Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2075 W. Big Beaver, Suite 700 City Troy	11.a. Nature of such dealing. Provides money managers services f fund. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Provided two tickets to the Kid Ro	\$400,000
State Michigan ZIP Code + 4 48084	12.b. Amount.	\$200
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	$\frac{\delta}{\delta}$

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	(AUG 1 5 2005)	
E	PAS DROP	

1. File Number **U** - フッフン

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name John M Hamilton	Name Operating Engineers' Local 324
	Labor Organization File Number 019-088
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110
City Livonia	City Livonia
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082
5. Position in labor organization. Business Manager	
	isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ring documents), has been examined by the signatory and is, to the best of the
Signed M. Comba	On 8/08/05 734-4623660
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing John Hamilton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Munder Capital Management, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 480 Pierce St., Suite 300 City Birmingham, State Michigan ZIP Code + 4 48012	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Operating Engineers' Local 324 Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2075 W. Big Beaver, Suite 700 City Troy State Michigan ZIP Code + 4 48084	11.a. Nature of such dealing. Provides money managers services for the pension fund. 11.b. Approximate dollar value of such dealing. \$400,000 12.a. Nature of interest held or income received. Provided two tickets to the Eric Clapton Concert.
	12.b. Amount. \$100
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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Office of Management
and Budget
No. 1215-0188
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1. File Number **U** - 7072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

			
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization. Business Manager			
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	derived income or other economic benefit of tion represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street	T.D. Allourit.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the subsidered in the submitted in the	lying documents), has been examined by the signatory and is, to the best of the		
Form LM-30 (2093)	Page 1 of 2		

Name of Person Filing John Hamilton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Munder Capital Management, Inc.	Formered
Trade Name, if any:	a. Labor Organization X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 480 Pierce St., Suite 300	terminal to a series of the se
City Birmingham,	
State Michigan ZIP Code + 4 48012	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Operating Engineers' Local 324 Pension Trust	Provides money managers services for the pension fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 2075 W. Big Beaver, Suite 700	11.b. Approximate dollar value of such dealing. \$400,000
City Troy ,	12.a. Nature of interest held or income received.
State Michigan ZIP Code + 4 48084	Provided 2 tickets to the Ryder Cup golf matches in Birmingham MI which were distributed to other Union employees or members. Tickets were for the six day event.
	12.b. Amount. \$1,200
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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	or Official Use Only Rec'd
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1. File Number **U** - 7072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing. 4. Name, file number, and address of labor organization.							
Name	John	M Hamilton	Name Operating Engineers' Local 324				
			Labor	Organization File Nur	mber 019-088	B Statement of the stat	
P.O. E	Box, Bldg., Room No., if any		P.O. E	sox, Building and Roo	m Number, if any		
Street	37450 Schoolcraft	;, Suite 110	Street	37450 Schoolo	eraft, Suite	1110	
City	Livonia		City	Livonia	Commence and the Commence		
State	Michigan	ZIP Code + 4 48150-1082	State	Michigan		ZIP Code + 4	48150-1082
5. Posit	ion in labor organization.	Business Manager					and the second state of the plant and second
Ent	er appropriate data below If,	during the past fiscal year, you or your spot (except as specified in the exclu				the following in	nterests
A. Held moneta	d an interest in, engaged i ary value from an employ	n transactions (including loans) with, or over whose employees your organization	derived ir on repre	come or other ecor sents or is actively	nomic benefit of seeking to repres	sent.	
6. Nam	e and address of Employer (i	ncluding trade name, if any).	7.a. Nat	ure of Interest, Transa	action, or Income.		
Name			action of the control				and the second s
Trade	Name, if any:		sura (a a la a valua de desencio de				no-cook market mental per mental per market mental per mental per
P.O. E	ox, Bldg., Room No., if any		7.b. Am	ount.			
Street							
City				gonnanca:			
State		ZIP Code + 4		to control		ne visit de la companya de la compa	
Signature							
subm	itted in this report (including rsigned's knowledge and bel	The undersigned declares, under penalty of the information contained in any accompanying it, true, correct, and complete. (See the sec	ing docum	ents), has been exam	ined by the signat	ory and is, to the	
J.gi	(4)	The state of the s	- 511	Date	Eventure conservation of the conservation of t	elephone Numb	er
Form LM	-30 (2003)						Page 1 of 2

Name of Person Filing John Hamilton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifulated (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Munder Capital Management, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 480 Pierce St., Suite 300 City Birmingham, State Michigan ZIP Code + 4 48012	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Operating Engineers' Local 324 Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2075 W. Big Beaver, Suite 700 City Troy State Michigan ZIP Code + 4 48084	Provides money managers services for the pension fund. 11.b. Approximate dollar value of such dealing. \$400,000 12.a. Nature of interest held or income received. Two tickets to the Detroit Piston Basketball game.
	12.b. Amount. \$300
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

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1. File Number **U** - 2072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

termination de la companya del companya de la companya del companya de la companya del la companya de la compan	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization.			
A. Held an interest in, engaged in transactions (including loans) with, or o	sions set forth in the instructions): derived income or other economic benefit of		
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of f submitted in this report (including the information contained in any accompany undersigned knowledge and belief, true, correct, and complete. (See the sec Signed S	ing documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing John Hamilton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Milestone Realty Services, Inc	9. Business deals with:
Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust
Street 306 S. Washington ,Suite 300 City Royal Oak	c. Employer
State Michigan ZIP Code + 4 48067-3833	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Provides real estate portfolio management services to the benefit funds.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$200,000
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Provided holiday basket which was placed in the office for staff.
	12.b. Amount. \$100
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 7172

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization.			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sign	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed M Comultan	On 08/08/05 734-4623660		
	Date Telephone Number		
form LM-30 (2008)	Page 1 of 3		

Name of Person Filing John Hamilton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Health Alliance Plan of Mi, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2850 West Grand Blvd City Detroit State Michigan ZIP Code + 4 48202	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Operating Engineers' Local 324 Health Care Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 24600 Northwestern Highway	11.a. Nature of such dealing. No relationship with the plan. Attempting to provide coverage
Street 24600 Northwestern Highway	11.b. Approximate dollar value of such dealing. \$0
City Southfield State Michigan ZIP Code + 4 48075	12.a. Nature of interest held or income received. Dinners to discuss business possibilities
	12.b. Amount. \$92
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)
graduation record contract and a contract contra	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
	(AUG 1 52005)
Ε	CAS DEDE

1. File Number U - 9072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name John M Hamilton	Name Operating Engineers' Local 324			
	Labor Organization File Number 019-088			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110			
City Livonia	City Livonia			
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082			
5. Position in labor organization. Business Manager				
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of l submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete.)	ing documents), has been examined by the signatory and is, to the best of the			
Signed M. To complete	On <u>08/08/05</u> 734-4623660 Date Telephone Number			
Form LM-30 (2003)	Date Telephote Number			

Name of Person Filing John Hamilton	File Number U -	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	_
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Operating Engineers' Local 324 Fringe Funds Trade Name, if any:	The Fringe Funds office provides collection and other administrati	assistance with ve matters
P.O. Box, Bldg., Room No., if any		
Street 37450 Schoolcraft, Suite 150		
	11.b. Approximate dollar value of such dealing.	
City Livonia ,	12.a. Nature of interest held or income received.	
State Michigan ZIP Code + 4 48150	John Hamilton's daughter, Dena Ha under 21 Years of Age(actual age office. During 2004, she earned \$ \$8,117 in benefits.	is 20) works at the
	12.b. Amount.	\$30,344
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	14 CE CENTO PARA POR SCIENCE S
	WHERE THE SHOOT AND ADDRESS OF THE SHOOT AND ADDRESS OF THE SHOOT ADDRESS OF THE SHOT ADDRESS OF THE SHOT ADDRESS	nderthermosage
Trade Name, if any:	- Annales Constant Cons	indonomina
P.O. Box, Bldg., Room No., if any	MANAGEMENT AND	
Street	SEPARATE AND	опилинести
City	The second secon	elenzandeltererenz
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Submit galler, and and an analysis and an anticoned it is not the tell SULVANCE on THE SURVANCE AND ANALYSIS

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
AUG 152005	
E B B	

1. File Number U - 7072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name John M Hamilton	Name Operating Engineers' Local 324			
	Labor Organization File Number 019-088			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110			
City Livonia	City Livonia			
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082			
5. Position in labor organization. Business Agent and President				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
best consistence of the consiste	7.b. Amount.			
Street				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed M. 1 Omultor	On 06/08/05 734-4623660			
	Date Telephone Number			
Form LM-30 (2003)	Page 1 of 2			

Name of Person Filing John Hamilton	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise				
8. Name and address of Business (including trade name, if any). Name Operating Engineers' Local 324 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 37450 Schoolcraft, Suite 120 City Livonia State Michigan ZIP Code+4 48150-1082	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Operating Engineers' Local 324 Health Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	Attended the IFEPB Annual Conference and training session.				
Street 37450 Schoolcraft, Suite 120					
	11.b. Approximate dollar value of such dealing. \$1,795				
City Livonia State Michigan ZIP Code + 4 48150-1082	12.a. Nature of interest held or income received. Reimbursement of expense related to the attending of the Annual Conference and training session. Expense details Conference fee-\$285.00, Hotel-\$625.50 Airfare-\$409.71 Meals-\$307.63, Cab-\$141.00 and Tips-\$26.00				
	12.b. Amount. \$3,767				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.				
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
	AUG 1 5 2005
E	Cus Deloy/

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name John M Hamilton	Name Operating Engineers' Local 324				
	Labor Organization File Number 019-088				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110				
City Livonia	City Livonia				
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082				
5. Position in labor organization. Business Manager					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City					
State ZIP Code + 4	Execution in the contract of t				
Signature					
15. Signature and verification. The undersigned declares, under penalty of f submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the				
Form LM-30 (200/3)	Page 1 of 2				

Name of Person Filing John Hamilton	File Number U	J-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Munder Capital Management, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 480 Pierce St., Suite 300 City Birmingham, State Michigan ZIP Code + 4 48012 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Operating Engineers' Local 324 Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2075 W. Big Beaver, Suite 700 City Troy State Michigan ZIP Code + 4 48084		
	12.b. Amount,	\$250
		A COLOR CONTRACTOR CON
C. Received from any employer (other than an employer covered unde		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount or payment.	